

009347.0000

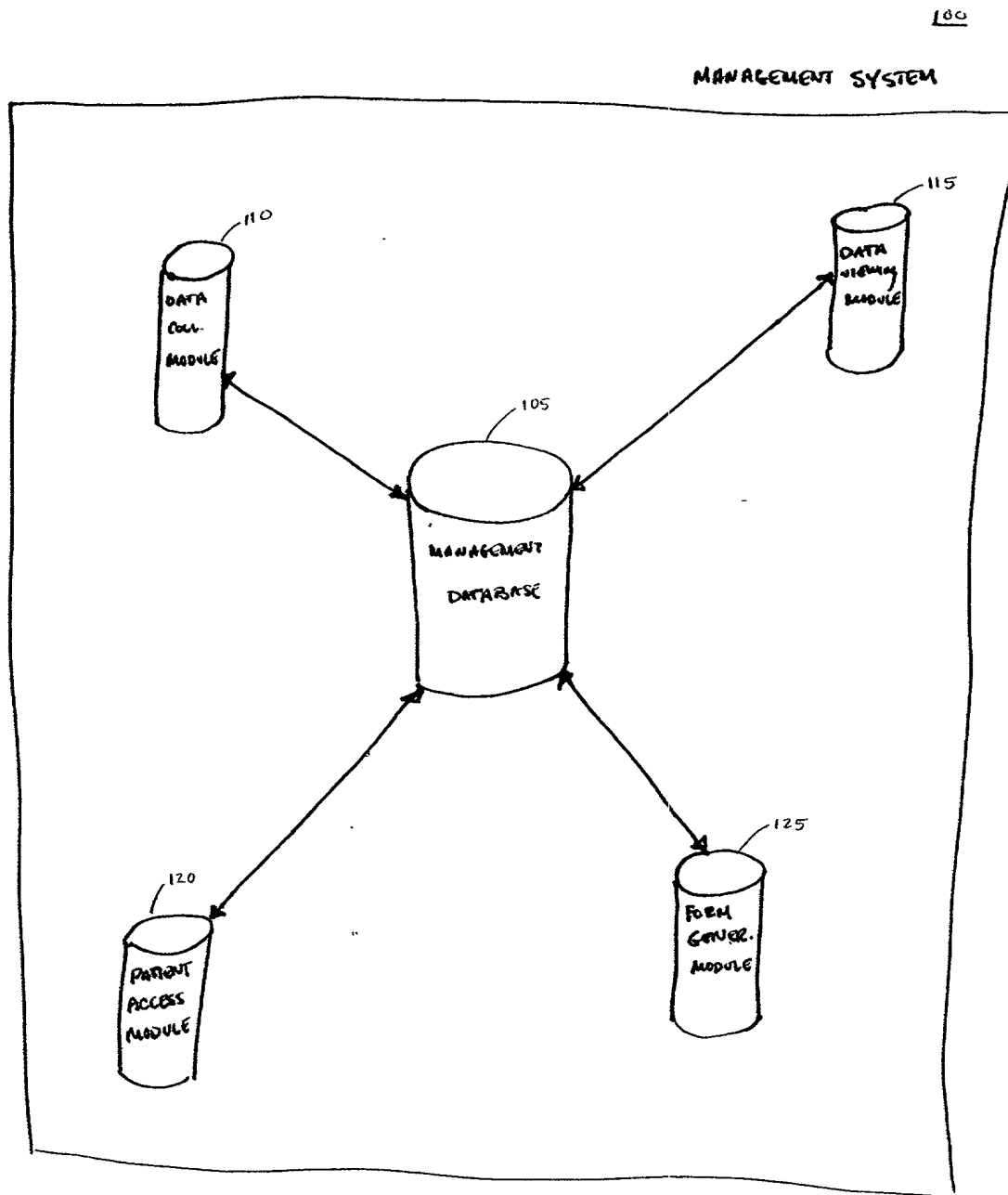


FIG. 1

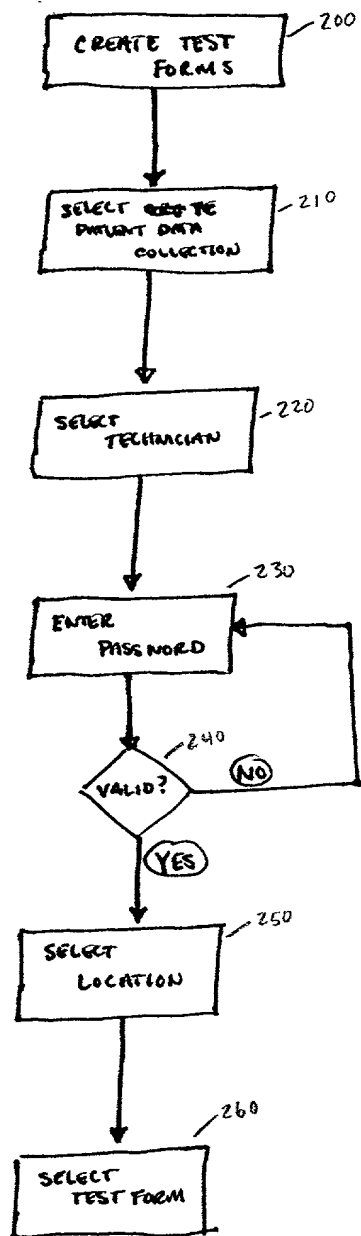


FIG. 2

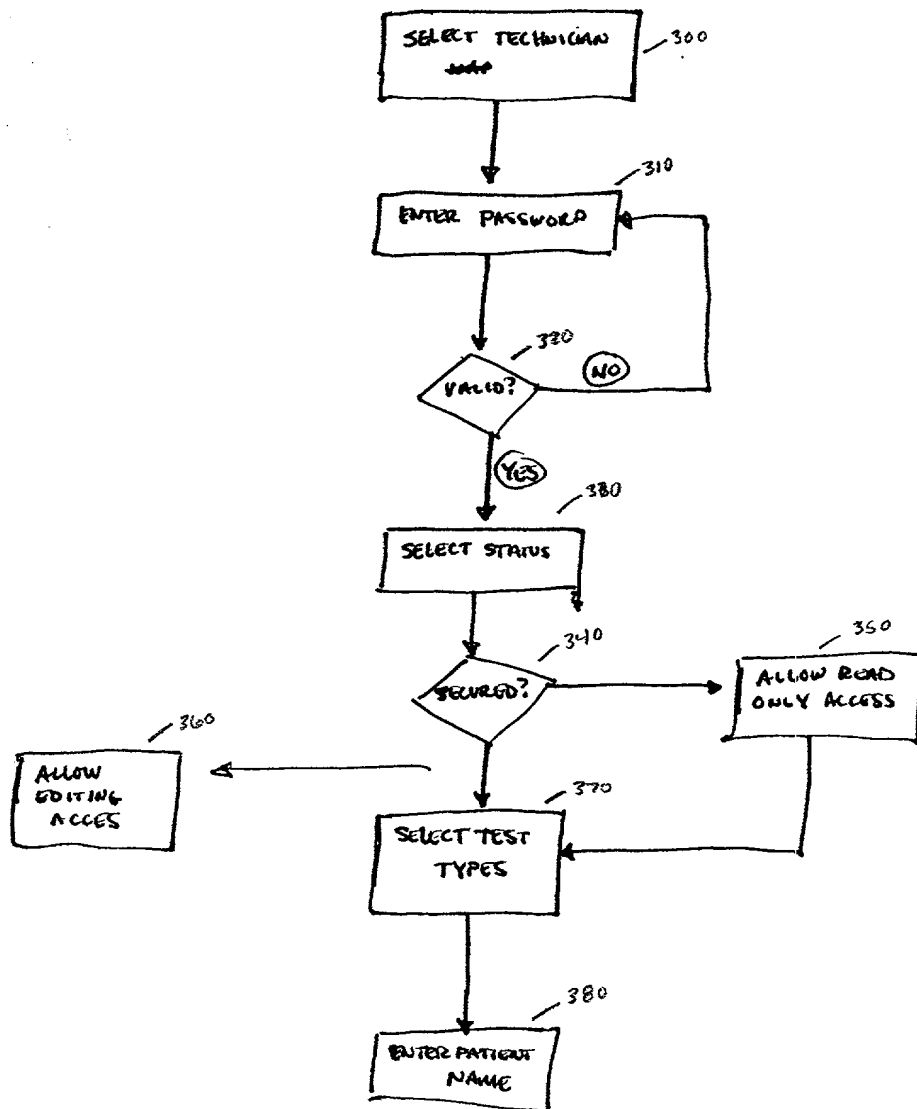


FIG. 3

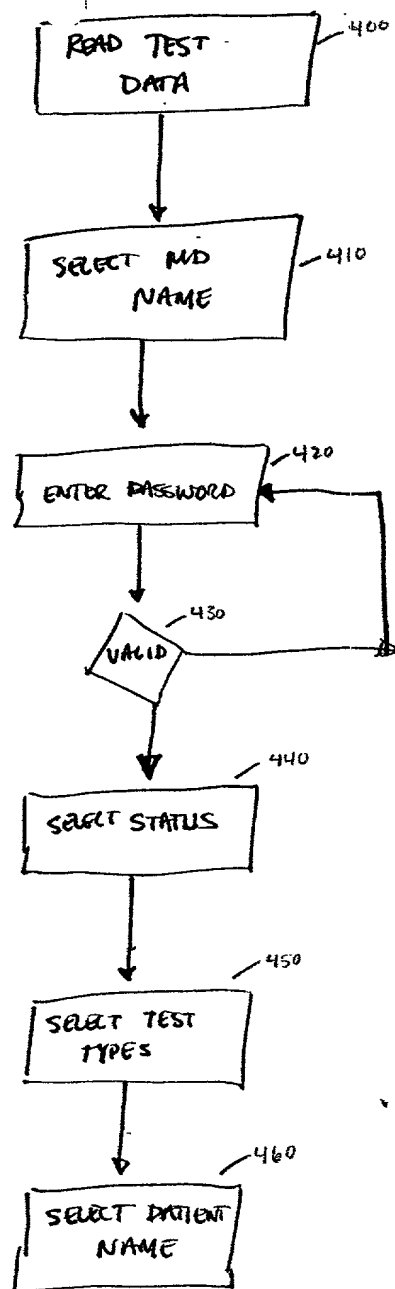


FIG. 4

Main Form



FIG. 5

FORBIDDEN BY LAW

Collect Patient Test Date

605

600

Collect Patient Test Data

Step 1: Select Location From [] Enter Test Date From []

610

Step 2: Select Patient From Location []

615

Step 3: Select Patient Name []

620

Step 4: [Open NEW] [Edit EXISTING] [Return to Main Menu]

625

630

635

FIG. 6



Non-Invasive Lab
4111 N. Washington, Suite 200
Dallas, TX 75246
(214) 841-2000

HP MD: Kevin R. Whealan, M.D.
HP Technician: Blundell, Angela

Consult MD: COHN MD, PETER D
Consult MD2:

Pt Name (Last, First): ABBOTT, KATHLEEN
HP Acct ID#: L3416
DOB: 1/7/1967 Sex: F Age: 33
Pt Phone: 940 464 0309 Tape #: 2268
Phone: 214 750-6711 Fax: 214 750-6226

2D Echo/Doppler

DOPPLER VALVE DATA:		MEASUREMENTS:																																				
AORTIC VALVE Peak Velocity: 1.5 m/s (0.5-1.8 m/s) LVOT Velocity: m/s Mean Gradient: mmHg Maximum Gradient: 9.0 mmHg LVOT Diameter: cm AV Area: cm ² Regurgitation: <input checked="" type="checkbox"/> None <input type="checkbox"/> Trace <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe		Measured Values SEPTUM: 0.7 CM (0.6-1.1) POST. WALL: 1.1 CM (0.6-1.1) LV EDD: 4.4 CM (3.5-5.7) LVESD: 2.5 CM (2.0-3.7) AORTA: 2.6 CM (2.0-3.7) AO VALVE: 2.1 CM (0.9-4.0) L ATRIUM: 2.9 CM (0.9-2.6) RV DIAST: 2.0 CM (0.9-2.6)																																				
MITRAL VALVE Peak Velocity E wave: 0.8 m/s (0.4-1.3 m/s) Peak Velocity A wave: 0.6 m/s (0.4-1.3 m/s) Deceleration Time: msec Mean Gradient: mmHg Pressure Half Time: msec (20-60) MV area: cm ² Regurgitation: <input type="checkbox"/> None <input type="checkbox"/> Trace <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe		Wall Motion <table border="1"><thead><tr><th></th><th>NORMAL</th><th>HYPD</th><th>AKIN</th><th>DYSKIN</th></tr></thead><tbody><tr><td>Anterior</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Septum</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Inferior</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Posterior</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Lateral</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Apex</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> Ejection Fraction (EF) = Approx: 65 to 70 %			NORMAL	HYPD	AKIN	DYSKIN	Anterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inferior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lateral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NORMAL	HYPD	AKIN	DYSKIN																																		
Anterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Septum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Inferior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Posterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Lateral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Apex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
TRICUSPID VALVE Peak Velocity: 0.9 m/s (0.3-1.0 m/s) TR Velocity: 2.0 m/s ERAP: 10 mmHg Est RV systolic pressure: 26.0 mmHg (4V ² + ERAP) Regurgitation: <input type="checkbox"/> None <input type="checkbox"/> Trace <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe		IV Contrast: <input checked="" type="checkbox"/> Yes IV Contrast Reason: Tissue Doppler: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
PULMONIC VALVE Peak Velocity: 0.8 m/s (0.5-1.5 m/s) Acceleration Time: msec Regurgitation: <input type="checkbox"/> None <input type="checkbox"/> Trace <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe																																						

CONCLUSIONS:

Technical Quality: ☐ Technically Difficult ☒ Good

2D ECHO/COLOR DOPPLER REVEALING NORMAL LV SYSTOLIC/DIASTOLIC FUNCTION AND CHAMBER SIZES. THERE IS MILD MR NOTED WITHOUT PROLAPSE.

HP Reading MD: Charles M. Gottlich, M.D.
Reading Dates: Original: 7/19/2000 Revised:
Not Valid without Digital Signature.

DIGITALLY VERIFIED SIGNATURE DIGITALLY VERIFIED SIGNATURE

Fig. 6a

Table_Patient

Acct ID was not found in the Patient Table.
Please Enter Patient Information

AcctID: zz123

Name:

DOB:

Gender:

Area Code:

Phone Number:

Return to Previous Form

Record: 230321 of 230321

647

648

649

650

651

652

653

FIG. 6b

09934735.037201

FIG. 7

Edit/View Patient Test Data

HeartWatch

Edit / View Patient Test Data

Test Not Yet Read/Signed

4

4

5

710

760

770

720

730

740

750

Fig. 7

0934735.092301
T02250"SE4HE660

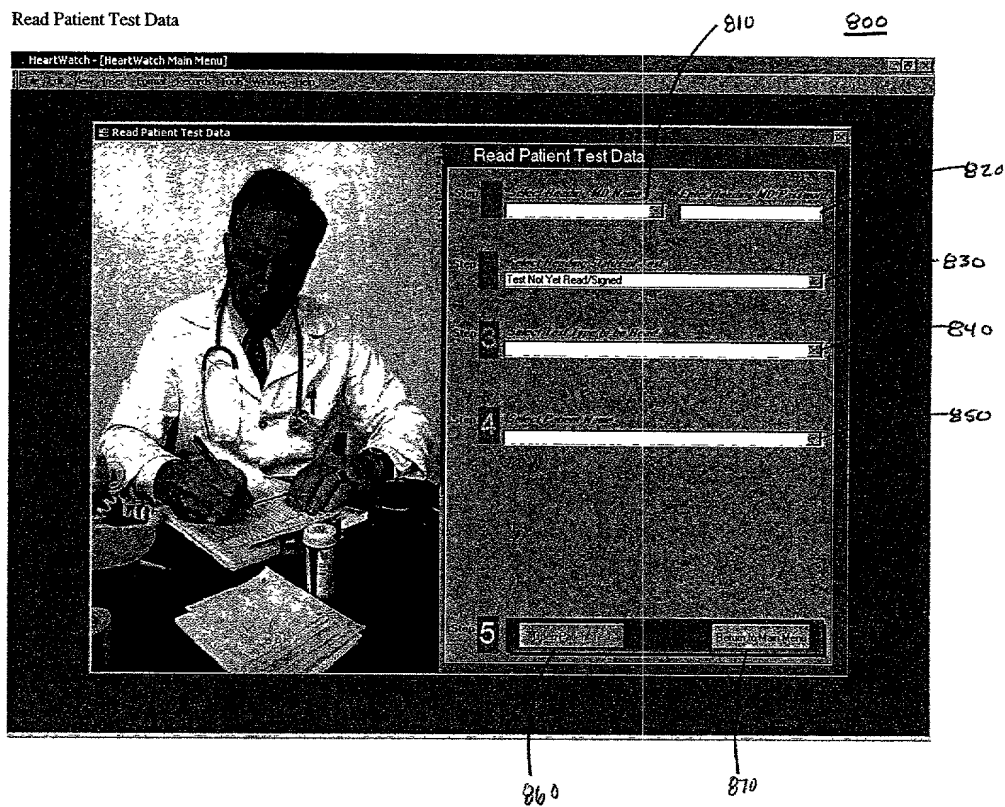


Fig. 8

View Tests by Patients

- Lists all tests done for a given patient -

frmTestListing_main

Find Patient:

Patient Name	Test Name	Test Date
ACOSTA, FRANCISCA	Stress Echo Bruce	5/30/2000
ACOSTA, FRANCISCA	2D Echo Doppler	5/30/2000

Record: of 2

[Return to Previous Form](#)

Fig. 9

102230" 55/4650

Print Signed Tests

- Allows users to print tests read on any day specified, for any one or group of locations.
- Users may also list all test in the system that have not been read by a doctor

1000

1010

1030

1015

1040

1050

1060

1020

Print Signed Tests

12/22/01 Friday

Normal Operating Request

Signed Test Forms That Will Be Printed

1010

1030

1015

1040

1050

1060

1020

Thu, 11/02	Thu, 11/02	Wed, 11/01							
Thu, 11/02	Wed, 11/01	Tue, 10/31							
Thu, 11/02	Wed, 11/01	Tue, 10/31	Mon, 10/30						
Thu, 11/02	Wed, 11/01	Tue, 10/31	Mon, 10/30	Sun, 10/29					
Thu, 11/02	Wed, 11/01	Tue, 10/31	Mon, 10/30	Sun, 10/29	Sat, 10/28				
Thu, 11/02	Wed, 11/01	Tue, 10/31	Mon, 10/30	Sun, 10/29	Sat, 10/28	Fri, 10/27			

Print Signed Tests

Print Signed Tests

Print Signed Tests

FIG. 10